Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	x 202501 a, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Resp	oonsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Dist	trict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Choteau H S					Teton		0884
Is this contract shared ☐ yes ☐ no	d between el	ementary an	d high school	ol?			
Are you applying for i	explanation)	1	□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstanc le county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increa District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian N	ame: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Brad & Jonel Hoo Physical Address (str		only).			Pre-kindergarten/Kinder		Della Commentant
T Tryologi / tagrood (oii	001 4441 000	O y /.			1st Semester OnlyKINDERGARTEN/PRE	·	y □ Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0	HS 13.5 o nearest bu HS 8.5				Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day, times per day, s without other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for one Students in Each Grade Leve	, ,	the students to h	ne covered by thi	is contract	Deadlines:		· ·
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board Correspondence						EIMBURSEMENT RA crict, county and OPI	
Reg.					Poimh	ursement rate is determ	ningd by
Contingency Spec. Ed. Contin.					Keinib	20-10-142, MCA.	inled by
	I	I					
Agreement between p	parent (parer	nt name)			, and school district (dist	rict name)	,
insured driver will trai 2. In March and June, the transported for the part of the payment shall be	sport or provide t nsport the studer ne District shall p ast semester. e computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is in it in for the distance reported on the contra ation upon certification by the teacher or partial to the contraction accompanier enrolled in school, whichever occurs find	n session. The parent or guardict actually occurs. rincipal of the school of the nur ying this contract.	
Elementary School D	istrict	,	ard of Truste				Date
High School District Choteau H S		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or G	uardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Re			Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Choteau H S					Teton		0884
Is this contract shar	red between e	lementary an	d high scho	ol?			
Are you applying fo	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10)	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if inconstrict Trustees and t	reased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	lni □ no	tials		Student Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Dawn Johnson Physical Address (s	street address	only):			Pre-kindergarten/Kinder		y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for contract in Each Grade L	HS 18 e to nearest bu HS 5 ene-way only	us stop, if any	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files. RI (For dis	times per day,times per day,	days per week da
insured driver will In March and June transported for the The payment shal This contract shall	ws: ansport or provide transport the stude , the District shall past semester. I be computed on to	transportation for nts. Mileage con pay the parent the the basis of the so and of the school y	the student(s) t tracts are valid d e sum officially a chedule establist year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	, and school district (district referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or p. 42, MCA, and the information accompan renrolled in school, whichever occurs firm	n session. The parent or guard ct actually occurs. rincipal of the school of the nu ying this contract.	mber of days the student(s) was
Elementary School			ard of Truste				Date
High School Distric Choteau H S	t 	Chair, Boa	ard of Truste	es 			Date
			l attes	t that the above i	nformation is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	-2501			School Year 2 le to School 0			
Elementary District Re	sponsible for Re	imbursing the (Contract		Co	ounty	,	Legal Entity
High School or K-12 D	istrict Responsit	le for Reimbur	sing the Cont	ract	Co	ounty		Legal Entity
Choteau H S					T	eton		0884
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high school	ol?				
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)			nhura amant	Student	Name	School	Grade
rates for special circun increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revenued.	ce. In order to riewed and ap nittee, and the	o receive oproved by the	Student	Name	School	Grade
Check here only if incr District Trustees and the		portation Comr	mittee.	proved by the	Student	Name	School	Grade
Elem District Approval HS District Approval		Init □ no			Student	Name	School	Grade
County Approval	□ yes	□ no □ no			THIS Co	ONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				emester Only	□ 2nd Semester Onl	y Both Semesters
Duke Dellwo Physical Address (s	treet address	only):				dergarten/Kinder		- 5 4 6
Filysical Address (s	areer address	Offig).				•	2nd Semester Only KINDERGARTEN:	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 19	,			Kinderg by this To or fro To or fro Kinderg To or fro	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop	times per day, times per day, times per day, _ es <u>without</u> other scho times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for o Students in Each Grade Lo	, ,	the students to be	covered by thi	e contract	Deadl			· ·
Students III Each Grade Li			-	· · ·			ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK files.	S: Send origina	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					сору ю		EIMBURSEMENT RA	ΔTE
Correspondence							rict, county and OPI	
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Lu. Contin.								
Agreement betweer	narent (nare	nt name)			and so	hool district (dist	rict name)	
(county name)	r parent (paren	it riame)		County, hereinaf			,	,
The parties agree as follow The parent shall trainsured driver will to a linear transported for the stransported for the payment shall	ansport or provide t ransport the studer , the District shall p past semester. be computed on the	nts. Mileage contra ay the parent the se basis of the sch	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop on the confor the distance ration upon certification.	days when school is in eported on the contra on by the teacher or p	a session. The parent or guard ct actually occurs. rincipal of the school of the nul ying this contract.	lian assures that a licensed and mber of days the student(s) was
4. This contract shall Elementary School			ear or when the rd of Truste	student(s) is no longe	er enrolled in school	, whichever occurs first	st.	Date
High School District Choteau H S	<u> </u>	Chair, Boa	rd of Truste	es				Date
211010000 1110			I attest	t that the above	information is t	rue and correct.		
Signature - Parent or	Guardian						Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Box	of Public Inst x 202501 i, MT 59620			_	chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract		County		Legal Entity
High School or K-12 Dist	rict Responsib	le for Reimbu	rsing the Cont	ract	County		Legal Entity
Choteau H S					Teton		0884
Is this contract shared	l between ele	ementary an	d high scho	ol?			
□ yes □ no Are you applying for is	solation statu	ıs? □ Ves	□ No				
(If yes, please attach or ISOLATION: Section 20	explanation)			mburgament	Student Name	School	Grade
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.	tances of isolar al circumstanc e county trans	tion of resident es must be resportation com	ce. In order to viewed and appointed, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increa District Trustees and the	sed payment o	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval		Ini □ no	tials		Student Name	School	Grade
	,	no no			THIS CONTRACT IS F	OR:	
Parent or Guardian Na	ame: (Please	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Merle D. Morris					Pre-kindergarten/Kinde	ergarten	
Physical Address (stre	eet address o	only):			☐ 1st Semester Only	☐ 2nd Semester Only	√ □ Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	days per week days per week days per week ol-age students: days per week / 1, retain a copy for your I to OPI by July 10, retain a ATE use only)						
insured driver will trar 2. In March and June, th transported for the pa 3. The payment shall be	sport or provide to sport the studen the District shall posts semester. computed on the minate at the en	ransportation for its. Mileage con ay the parent the e basis of the sc d of the school y	the student(s) to tracts are valid of sum officially a hedule establish	County, hereinaft o and from the school only when transportatic pproved in the applica ned in Section 20-10-1. student(s) is no longe	, and school district (district referred to as the District(s or bus stop on the days when school is on for the distance reported on the contition upon certification by the teacher or 42, MCA, and the information accompa	in session. The parent or guardi ract actually occurs. principal of the school of the nur nying this contract.	
High School District		Chair, Boa	rd of Truste	es			Date
Choteau H S			l attes	t that the above i	nformation is true and correct		
Signature - Parent or G	uardian		ratios	t shat the above t		Date	
						i .	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

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Co	nt	ro	^ +	-

PO Box 202501 Helena, MT 59620		ı	School Year 2004- 2005 Due to School Clerk June 1		
Elementary District Responsible for Re	imbursing the Cont	ract	County		Legal Entity
High School or K-12 District Responsib	ole for Reimbursing	the Contract	County		Legal Entity
Choteau H S			Teton		0884
Is this contract shared between el ☐ yes ☐ no	ementary and hiç	gh school?			
Are you applying for isolation statu (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA		No	Student Name	School	Grade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence. It ses must be reviewed portation committee	n order to receive ed and approved by the e, and the Office of	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has	been approved by the	Student Name	School	Grade
	Initials no no	<u> </u>	Student Name	School	Grade
County Approval	no		THIS CONTRACT IS FO	<u>)R:</u>	
Parent or Guardian Name: (Please	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Pam Moultray Physical Address (street address	oulv).		Pre-kindergarten/Kinder ☐ 1st Semester Only		□ Dath Competers
	oy).			•	y Both Semesters
Distance from home to nearest so Elementary 0 HS 6 Distance from home to nearest but Elementary 0 HS 3.5	, , , , ,	e way)	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop	times per day,times per day,times per day,times per day,s without other schotimes per day,	days per week
□ Contract is for one-way only				times per day, _	days per week
Students in Each Grade Level - Only include	the students to be cov	ered by this contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total		1-8 9-12 otal Total	CLERKS: Send origina files.	I to County Supt by July	y 1, retain a copy for your
Regular Trans				IDENTS: Send origina	ll to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		To or ray only ro, rotain a
Room & Board			RE	EIMBURSEMENT RA	• • =
Correspondence Reg.					
Contingency Spec. Ed. Contin.			Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.					
Agreement between parent (parer	nt name)		, and school district (dist	rict name)	
(county name)	/	County herein	nafter referred to as the District(s).	/	
The parties agree as follows: 1. The parent shall transport or provide t insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester.	nts. Mileage contracts ay the parent the sum	tudent(s) to and from the sch are valid only when transpor officially approved in the app	nool or bus stop on the days when school is in ration for the distance reported on the contra- ollication upon certification by the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nur	
		when the student(s) is no lo	onger enrolled in school, whichever occurs firs		Date
High School District	Chair, Board o				Date
Choteau H S		Lattest that the above	ve information is true and correct.		
Signature - Parent or Guardian		. attoot that the above		Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the (Contract		County	·	Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimburs	sing the Con	tract	County		Legal Entity
Choteau H S					Teton		0884
Is this contract share □ yes □ no	ed between el	ementary and	l high scho	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, 1 Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of residences must be revisional revision of the revision community of the revision community of the revision community of the revision	ce. In order t iewed and ap nittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th				proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Initi □ no	als		Student Name	School	Grade
County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian I	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Rob Reiding Physical Address (st	treet address	oulv).			Pre-kindergarten/Kinder		h Dath Carrantons
yo.ou. / .uu.ooo (o.		·y).			KINDERGARTEN/PREI		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 8.4				Kindergarten child ride by this contract: To or from Bus Stop To or from School Kindergarten child ride	times per day, times per day, times per day, es without other scho	days per week days per week days per week ool-age students: days per week days per week days per week
□ Contract is for or	ne-way only				To or from School	times per day,	days per week
Students in Each Grade Le	evel - Only include	the students to be	covered by th	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your
Regular Trans						IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RE	EIMBURSEMENT R rict, county and OP	
Correspondence							
Reg. Contingency Spec. Ed. Contin.					Reimb	ursement rate is deter 20-10-142, MCA.	mined by
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	,
insured driver will tr 2. In March and June, transported for the payment shall l	nsport or provide transport the studenthe District shall past semester.	nts. Mileage controlling the parent the ne basis of the sch	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation or the application of t	or bus stop on the days when school is ir on for the distance reported on the contra ation upon certification by the teacher or p 142, MCA, and the information accompan- er enrolled in school, whichever occurs first	a session. The parent or guar ct actually occurs. rincipal of the school of the nu ving this contract.	
Elementary School [Chair, Boar					Date
High School District Choteau H S		Chair, Boar	d of Truste	es			Date
Olympta ()	O		I attes	t that the above	information is true and correct.	Dete	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Dis	trict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Choteau H S					Teton		0884
Is this contract share □ yes □ no	d between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	stances of isola ial circumstand ne county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian N	lame: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Roslyn Shephero Physical Address (str		only).			Pre-kindergarten/Kinder		
1 Hydiodi / Idai eda (di	cet address	orny).			1st Semester OnlyKINDERGARTEN/PRE	·	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 29	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day, times per day, s without other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for one Students in Each Grade Lev	, ,	the students to h	ne covered by thi	ie contract	Deadlines:		
Students III Each Grade Lev	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS : Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board Correspondence						EIMBURSEMENT RA crict, county and OPI	
Reg.					D : 7		
Contingency Spec. Ed. Contin.					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Agreement between	parent (parei	nt name)			, and school district (dist	rict name)	
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b	sport or provide to insport the studer he District shall past semester. e computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-1	fter referred to as the District(s) or bus stop on the days when school is it ion for the distance reported on the contration upon certification by the teacher or partial time. MCA, and the information accompaner enrolled in school, whichever occurs find	n session. The parent or guardict actually occurs. rincipal of the school of the nur	
Elementary School D	istrict	,	ard of Truste				Date
High School District Choteau H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or C	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501		Du	e to Schoo	l Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
Choteau Elem						Teton		0883	
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?					
Are you applying fo	r isolation stat	us? □ Yes	□ No		Stud	ent Name	School	Grade	
(If yes, please attaction: Section			increased rei	mbursement	Olda	CHI IVAIIIC	CCHOOL	Grade	
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and a mittee, and the	to receive pproved by the	Stud	ent Name	School	Grade	
Check here only if incr	eased payment	due to isolation	n has been a	oproved by the	Stud	ent Name	School	Grade	
District Trustees and the		. In	itials		Stud	ent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	□ no □ no						0.000	
County Approval Parent or Guardian		□ no			Grad	es 1-12	<u>)K:</u>		
	•	or mit)			□ 18	st Semester Only	 2nd Semester Only 	√ □ Both Semesters	
Ernie & Kim Bar Physical Address (s		oulv).				kindergarten/Kinder		Doth Compostors	
, 6.66. 7.66. 66		J,).				·	□ 2nd Semester Only	□ Both Semesters	
Distance from home Elementary 25 Distance from home Elementary 0 Contract is for o Students in Each Grade L	HS 0 e to nearest bu HS 0 ne-way only	us stop, if an	y (one way)	iis contract.	Kind by th To o To o Kind To o To o	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines:	times per day,times per day,times per day,tes without other school times per day,times per day,times per day,times per day,	days per week days per week ol-age students: days per week days per week days per week days per week	
	Pre-K	К	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files.	RKS: Send origina	to County Supt by July	1, retain a copy for your	
Regular Trans						NITY CHIDEDINITEN	IDENTS: Sand original	I to OPI by July 10, rotain a	
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.				
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							·		
Agreement hetween	n narent (nare	nt name)			and	school district (dist	rict name)		
	. paront (paro					to as the District(s).		, ,	
(county name) The parties agree as follow		transportation fo		3,		()		an assures that a licensed and	
insured driver will t	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the distan	ce reported on the contra	ct actually occurs.	nber of days the student(s) was	
transported for the 3. The payment shall	past semester. be computed on t	ne basis of the s	chedule establis	hed in Section 20-10-1	42, MCA, and t	ne information accompany	ring this contract.	,,	
4. This contract shall Elementary School	terminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in scl	nool, whichever occurs firs	it.	Date	
Choteau Elem High School District		,	ard of Truste					Date	
riigii School District	·	Chair, Bu	aru Or TTUSIE					Date	
			I attes	t that the above i	information	s true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620)-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Choteau Elem						Teton		0883
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attact ISOLATION: Section			increased rei	mbursement	Otal	ioni Hamo	Comoon	Ciddo
rates for special circur increased rates, individual trustees of the district,	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and th	pproved by the	Stud	lent Name	School	Grade
Public Instruction. (10. Check here only if incr	eased payment	due to isolation	n has been ap	pproved by the	Stud	dent Name	School	Grade
District Trustees and the	-	. In	itials		Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes							Ciddo
County Approval Parent or Guardian		no			Gra	<u>S CONTRACT IS FO</u> des 1-12		
		ic i iiit)			□ 1	st Semester Only	☐ 2nd Semester Only	√ □ Both Semesters
Hank & Laura E Physical Address (s		oulv).				kindergarten/Kinder		Doth Compostors
, 6.66. 7.66. 66		····				·	□ 2nd Semester Only	□ Both Semesters
Distance from home Elementary 22 Distance from home Elementary 2.5 Contract is for o Students in Each Grade L	HS 0 e to nearest bu HS 0 ne-way only	us stop, if an	y (one way)	is contract.	Kind by the Took Kind Took Took	his contract: or from Bus Stop or from School dergarten child ride	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per week days per week days per week bl-age students: days per week days per week days per week
	Pre-K Total	K Total	1-8 Total	9-12 Total				1, retain a copy for your
Regular Trans	Total	Total	. ota.	10.0.1	files		to County Cupt by July	r, retain a copy for your
Spec. Ed. Trans						JNTY SUPERINTEN	IDENTS: Send original	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(1 Of dist	not, county and or r	use offiy)
Reg.						 Reimb	ursement rate is determ	 nined by
Contingency Spec. Ed. Contin.							20-10-142, MCA.	
.,								
	1.7	, ,						
	ı pareni (pare	пспаше)					rict name)	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow				•		to as the District(s).		
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	an assures that a licensed and nber of days the student(s) was
transported for the	past semester.					the information accompany		iber or days the student(s) was
4. This contract shall Elementary School	terminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in so	chool, whichever occurs firs	t.	Date
Choteau Elem		,						
High School District	·	Chair, Boa	ard of Truste	ees				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary District Responsible for Rembursing the Contract Cholesu Elem High Shords or K-12 Destinct Responsible for Reimbursing the Contract I light Shords or K-12 Destinct Responsible for Reimbursing the Contract I sit his contract shared between elementary and high school? yes = no Are you applying for isolation status? Yes No (if yes, please affacts optionately) (if yes, please affacts) (if yes, please) (if		3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Is this contract shared between elementary and high school? yes	Elementary District Re	sponsible for Re	imbursing the 0	Contract			County		Legal Entity
Is this contract shared between elementary and high school? yes	Choteau Elem						Teton		0883
Are you applying for isolation status? Yes		istrict Responsit	le for Reimburs	sing the Cont	ract		County		
Are you applying for isolation status? Yes									
Student Name		ed between el	ementary and	l high scho	ol?				
Student Name	(If yes, please attac	h explanation)				Stud	dent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no no mindles not be the Substitute of Guardian Name. Parent or Guardian Name. (Please Print) Jerry & Celeste Stott Physical Address (street address only): Distance from home to nearest school (one way) Elementary 1 HS 0 Distance from home to nearest substitute of the Substitute of Substitute of the Substitute of Sub	rates for special circun increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	tion of residences must be revision comments.	e. In order to iewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Elem District Approval yes	Check here only if incr	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Parent or Guardian Name: (Please Print) Parent or Guardian Name: (Please Print) Parent or Guardian Name: (Please Print) Pre-kindergarten	Elem District Approval	□ yes	Initi □ no	als		Stud	dent Name	School	Grade
Series Series Stott St	County Approval	□ yes	□ no					DR:	
Physical Address (street address only): Tist Semester Only 2nd Semester Only 2n		`	e Print)					□ 2nd Semester On	ly Both Semesters
Distance from home to nearest school (one way) Elementary 13 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2.5 HS 0 Distance from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Kindergarten child rides without other school of Lerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA. Agreement between parent (parent name)			only):			Pre-	kindergarten/Kinder	garten	
Distance from home to nearest school (one way) Elementary 13	1 Hysical Address (s	illeet address	Offig).				·		lly Both Semesters
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (s). The paries agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. Elementary School District Chair, Board of Trustees Country SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. REIMBURSEMENT RATE (For district, country and OPI use only) Reimbursement rate is determined by 20-10-142, MCA. The pariet safety is determined by 20-10-142, MCA. The pariet safety is resident to the parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 1. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct.	Distance from home Elementary 2.5 Contract is for o Students in Each Grade Le	HS 0 e to nearest bu HS 0 ne-way only evel - Only include Pre-K	the students to be	(one way)	9-12	Kind by t To c Kind To c To c PAF	dergarten child ride his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day,	days per week days per week col-age students: days per week days per week days per week
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name)	•							IDENTS: Send origin	al to OPI by July 10, retain a
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)									
Agreement between parent (parent name)	_								
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Choteau Elem High School District Chair, Board of Trustees I attest that the above information is true and correct.	Contingency						Reimb		mined by
	(county name) The parties agree as follow 1. The parent shall trainsured driver will to transported for the 3. The payment shall 4. This contract shall Elementary School Choteau Elem	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District	ransportation for the tast. Mileage control and the parent the set basis of the school year. Chair, Boar	he student(s) to acts are valid of sum officially a edule establish ar or when the rd of Truste	County, hereinaf o and from the school only when transportation proved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	to as the District(s). the days when school is in nee reported on the contrar fication by the teacher or p	session. The parent or guar tactually occurs. rincipal of the school of the ning this contract.	umber of days the student(s) was
Signature - Parent or Guardian Date			<u> </u>	I attes	t that the above i	information	is true and correct.		<u> </u>
- I	Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620)-2501	Γ	Due to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Cont	ract	County	<u> </u>	Legal Entity
Choteau Elem			Teton		0883
High School or K-12 District Responsi	ble for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between e □ yes □ no	lementary and hig	gh school?			
Are you applying for isolation stat		No	Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC/		ased reimbursement		Concor	Ciudo
rates for special circumstances of isola increased rates, individual circumstan- trustees of the district, the county trans	ces must be reviewe	ed and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 ARM prov			Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	sportation Committe		Student Name	301001	Grade
	☐ no		Student Name	School	Grade
	□ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12 ☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
kirk & Mona Moore				•	
Physical Address (street address	only):		Pre-kindergarten/Kinder□ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PREI		
Distance from home to nearest so	chool (one way)		by this contract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered
Elementary 13 HS 0			To or from Bus Stop To or from School	times per day, times per day,	days per week days per week
Distance from home to nearest but Elementary 1.5 HS 0	us stop, if any (on	e way)	Kindergarten child ride	es without other scho	ol-age students: days per week days per week
□ Contract is for one-way only			To or from School	times per day, _	days per week
Students in Each Grade Level - Only include	the students to be cov	ered by this contract.	<u>Deadlines:</u> PARENTS: Due to Sch	a al Olamba bura a 4	
Pre-K		1-8 9-12			
Total	Total T	otal Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans			COUNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.	DENTO: Ocha ongina	Tto Of T by July To, Tetalit a
Room & Board				IMBURSEMENT RA	
Correspondence			(For dist	rict, county and OPI	use only)
Reg.					in all bu
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.					
Agreement between parent (pare	nt name)		, and school district (dist	rict name)	
(county name)		County, herein	nafter referred to as the District(s).		
			ool or bus stop on the days when school is in tation for the distance reported on the contra		ian assures that a licensed and
In March and June, the District shall paransported for the past semester.	pay the parent the sum	officially approved in the app	plication upon certification by the teacher or p	rincipal of the school of the nur	mber of days the student(s) was
The payment shall be computed on t			0-142, MCA, and the information accompany		
Elementary School District Choteau Elem	Chair, Board o				Date
High School District	Chair, Board o	f Trustees			Date
		I attest that the abov	ve information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620)-2501	Due	to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
Choteau Elem			Teton		0883
High School or K-12 District Responsit	ole for Reimbursing the Cont	tract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high school	ol?	<u> </u>		
Are you applying for isolation state			Student Name	School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased reir				
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed and apportation committee, and the	oproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade
HS District Approval ☐ yes	Initials □ no □ no		Student Name	School	Grade
County Approval ☐ yes Parent or Guardian Name: (Pleas	no		THIS CONTRACT IS FO Grades 1-12	<u>)K:</u>	
·	e i iiii)		 1st Semester Only 	☐ 2nd Semester Only	□ Both Semesters
Margaret Hanson Physical Address (street address	only):		Pre-kindergarten/Kinder □ 1st Semester Only		□ Both Semesters
Distance from home to nearest so Elementary 7 HS 0 Distance from home to nearest but Elementary 5.5 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,	days per week da
insured driver will transport the stude 2. In March and June, the District shall ptransported for the past semester. 3. The payment shall be computed on the 4. This contract shall terminate at the er Elementary School District Choteau Elem	transportation for the student(s) to this. Mileage contracts are valid on the parent the sum officially a the basis of the schedule establish	County, hereinafte of and from the school or only when transportation approved in the application and in Section 20-10-142 student(s) is no longer of	, and school district (district referred to as the District(s). bus stop on the days when school is infor the distance reported on the contrain upon certification by the teacher or p. MCA, and the information accompany	session. The parent or guardia ct actually occurs. rincipal of the school of the num ring this contract.	an assures that a licensed and
High School District	Chair, Board of Truste	es			Date
	I attes	t that the above int	formation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59			Due	e to School Cle	erk June 1			
Elementary District Responsible fo	r Reimbursing the Co	ontract		Coun	nty	-	Legal Entity	
Choteau Elem				Teto	on		0883	
High School or K-12 District Respo	onsible for Reimbursi	ng the Contra	act	Coun	nty		Legal Entity	
Is this contract shared betwee ☐ yes ☐ no	n elementary and	high school	?					
Are you applying for isolation solution (If yes, please attach explanat		□ No		Student N	ame	School		Grade
ISOLATION: Section 20-10-142, I	MCA, provides for inc							
rates for special circumstances of increased rates, individual circums	tances must be revie	wed and app	roved by the	Student N	ame	School		Grade
trustees of the district, the county t Public Instruction. (10.7.116 ARM			Office of					
Check here only if increased paym District Trustees and the County T			roved by the	Student N	ame	School		Grade
Elem District Approval	Initia □ no	ls		Student N	ame	School		Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no			THIS CON	NTRACT IS FO	DR:		
Parent or Guardian Name: (Pl	ease Print)			Grades 1-	12 nester Only	☐ 2nd Semester Only	v □ Both Se	mesters
Mary Salmond					•	•	y Boures	
Physical Address (street addre	ess only):				rgarten/Kinder nester Only	garten ☐ 2nd Semester Only	y 🗆 Both Se	mesters
						KINDERGARTEN:		
Distance from home to neares	t school (one way))		Kindergar by this co		es <u>with</u> other school-a	ige students a	lso covered
Elementary 25 HS 0				To or from	Bus Stop	times per day, _	day	s per week
Distance from home to neares Elementary 6.9 HS 0	t bus stop, if any (one way)		Kindergar To or from	rten child riden Bus Stop	times per day, _ es <u>without</u> other scho	ol-age studen	ts: s per week
□ Contract is for one-way on	y			To or from	School	times per day, _	day:	s per week
Students in Each Grade Level - Only inc	lude the students to be	covered by this	contract.	Deadlin		ool Clerk June 1.		
Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS:		I to County Supt by July	y 1, retain a co _l	py for your
Regular Trans				files.				
Spec. Ed. Trans				COUNTY copy for ye		IDENTS: Send origina	l to OPI by July	y 10, retain a
Room & Board					RE	EIMBURSEMENT RA	ATE	
Correspondence					(For dist	rict, county and OPI	use only)	
Reg.					_			
Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.								
Agreement between parent (pa	arent name)		· · · · · · · · · · · · · · · · · · ·	, and scho	ol district (dist	rict name)		,
(county name) The parties agree as follows:		C	ounty, hereinaft	er referred to as	the District(s).			
The parties agree as follows. The parent shall transport or proving insured driver will transport the state.							ian assures that a li	censed and
In March and June, the District sl transported for the past semeste	nall pay the parent the ser.	um officially app	proved in the applica	tion upon certification l	by the teacher or p	rincipal of the school of the nur	mber of days the stu	ident(s) was
The payment shall be computed This contract shall terminate at the shall terminate	ne end of the school yea	r or when the st	tudent(s) is no longer				T 5 .	
Elementary School District Choteau Elem	Chair, Board	of Trustees	S				Date	
High School District	Chair, Board	of Trustees	s				Date	
		I attest t	that the above i	nformation is true	e and correct.			
Signature - Parent or Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59		D	ue to School Clerk June 1		
Elementary District Responsible fo	r Reimbursing the Co	ontract	County		Legal Entity
Choteau Elem			Teton		0883
High School or K-12 District Respo	nsible for Reimbursir	ng the Contract	County		Legal Entity
Is this contract shared between up yes up no	n elementary and I	nigh school?			<u> </u>
Are you applying for isolation s		□ No	Student Name	School	Grade
(If yes, please attach explanation is of the second second is of the second sec	on) MCA, provides for inc	reased reimbursement		Concor	Crade
rates for special circumstances of i increased rates, individual circums trustees of the district, the county t Public Instruction. (10.7.116 ARM)	solation of residence tances must be revie ransportation commit	. In order to receive wed and approved by the tee, and the Office of	Student Name	School	Grade
Check here only if increased paym District Trustees and the County Tr	ent due to isolation h	as been approved by the	Student Name	School	Grade
Elem District Approval	☐ no ☐ no ☐ no	s 	Student Name	School	Grade
County Approval yes	no		THIS CONTRACT IS FO Grades 1-12	<u>·R:</u>	
Parent or Guardian Name: (Ple	ease Print)		☐ 1st Semester Only	□ 2nd Semester Only	☐ Both Semesters
Pandora Deshner Physical Address (street addre	ess only):		Pre-kindergarten/Kinderg □ 1st Semester Only		☐ Both Semesters
Distance from home to neares Elementary 12 HS 0 Distance from home to neares Elementary .5 HS 0 Contract is for one-way only students in Each Grade Level - Only ince Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	times per day, times per day, s without other school times per day, times per day, times per day, tool Clerk June 1. to County Supt by July	days per week days per week 1, retain a copy for your to OPI by July 10, retain a TE use only)			
insured driver will transport the st 2. In March and June, the District st transported for the past semestet 3. The payment shall be computed 4. This contract shall terminate at the Elementary School District Choteau Elem	ide transportation for the udents. Mileage contract all pay the parent the substitution the basis of the schede end of the school year Chair, Board	County, hereinal estudent(s) to and from the schoots are valid only when transportation officially approved in the application established in Section 20-10 or when the student(s) is no long of Trustees	, and school district (district referred to as the District(s). of or bus stop on the days when school is in the distance reported on the contract cation upon certification by the teacher or pro-142, MCA, and the information accompany ger enrolled in school, whichever occurs first	session. The parent or guardia at actually occurs. incipal of the school of the num ing this contract.	an assures that a licensed and ober of days the student(s) was
High School District	Chair, Board	of Trustees			Date
		I attest that the above	e information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity	
Choteau Elem						Teton		0883	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	ent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	ent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval		no	tials		Stud	ent Name	School		Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters
Patricia Bouma					Pre-l	kindergarten/Kinder	narten	•	
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🗆 Both Se	mesters
						ERGARTEN/PRE			
Distance from home Elementary 5	e to nearest so	hool (one wa	ay)		by th	is contract:	es <u>with</u> other school-a	_	
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if an	y (one way)		Kind	ergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	s:
•					To o	from Bus Stop from School	times per day, _ times per day, _	days days	s per week s per week
☐ Contract is for of Students in Each Grade Le		the students to b	ne covered by thi	s contract	Dea	dlines:			
Olddonio in Edon Olddo Ed				T		ENTS: Due to Scho	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files.	RKS: Send original	to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, reta				
Spec. Ed. Trans					copy for your files.				
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						.			
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement betweer	n parent (parer	nt name)			, and	school district (distr	rict name)		,
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).			
 The parent shall tra 	ansport or provide t					he days when school is in ce reported on the contract	session. The parent or guard	lian assures that a lic	censed and
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the appli	cation upon certif	cation by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was
This contract shall	terminate at the en	d of the school y	ear or when the	student(s) is no long)-142, MCA, and t ger enrolled in scl	ne information accompany nool, whichever occurs firs	ring this contract. t.		
Elementary School Choteau Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	e information	s true and correct.		l	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to School Clerk Jun	e 1	
Elementary District Res	ponsible for Re	imbursing the	Contract		County	I	Legal Entity
Choteau Elem					Teton		0883
High School or K-12 Dis	strict Responsib	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?	<u> </u>		<u>'</u>
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation)	A, provides for	increased rein	nbursement	Oldden Wanie	GCHGGI	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials		Student Name	School	Grade
		no			THIS CONTRACT Grades 1-12	ΓIS FOR:	
Parent or Guardian I	Name: (Pleas	e Print)			☐ 1st Semester (Only 2nd Semester 0	Only Both Semesters
Rob Burdick Physical Address (st	reet address	only):			Pre-kindergarten/ □ 1st Semester 0		Only □ Both Semesters
Distance from home Elementary 18 Distance from home Elementary 9 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 se-way only	is stop, if an	y (one way) be covered by this 1-8 Total	9-12 Total	Kindergarten chi by this contract: To or from Bus Si To or from Schoo Kindergarten chi To or from Bus Si To or from Schoo Deadlines: PARENTS: Due CLERKS: Send of files. COUNTY SUPER copy for your files	times per day times per day times per day tidd rides without other so optimes per day to School Clerk June 1. original to County Supt by INTENDENTS: Send original REIMBURSEMENT or district, county and County and County and County Supt by Reimbursement rate is det 20-10-142, MCA	days per week days per week July 1, retain a copy for your ginal to OPI by July 10, retain a RATE OPI use only) Termined by
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	s: nsport or provide t ansport the studer the District shall asst semester. be computed on th erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred to as the Dis or bus stop on the days when so on for the distance reported on th	hool is in session. The parent or g e contract actually occurs. cher or principal of the school of the companying this contract.	uardian assures that a licensed and e number of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es			Date
		<u> </u>	Lattest	that the above i	information is true and co	prrect	
Signature - Parent or	Guardian		ı allest	unat the above I	imormation is true and co	Date	
Significant Control						- 5.0	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity			
Choteau Elem						Teton		0883			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?							
Are you applying for			□ No		Stud	ent Name	School		Grade		
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for			1						
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	ent Name	School		Grade		
Public Instruction. (10.	·	J	,		Stud	ent Name	School		Grade		
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the							
Elem District Approval		no	tials		Stud	ent Name	School		Grade		
HS District Approval County Approval		□ no □ no				THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters		
Ross Depner					Pre-l	kindergarten/Kinder	garten				
Physical Address (s	treet address	only):					2nd Semester Only	y 🗆 Both Se	mesters		
						DERGARTEN/PREM					
Distance from home Elementary 14	to nearest so	hool (one wa	ay)		by th	is contract:	es <u>with</u> other school-a	_			
Distance from home Elementary 4	to nearest bu	ıs stop, if an	y (one way)		Kind	ergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	ts:		
·					To o	r from School	times per day, _ times per day, _	days days	s per week s per week		
☐ Contract is for or Students in Each Grade Le	• •	the students to b	be covered by thi	s contract.	Dea	dlines:					
	Pre-K	К	1-8	9-12		ENTS: Due to Scho	ool Clerk June 1.				
	Total	Total	Total	Total	CLE files.	RKS: Send original	to County Supt by Jul	y 1, retain a cop	by for your		
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retail						
Spec. Ed. Trans						for your files.					
Room & Board							IMBURSEMENT RA				
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.						Reimhi	ursement rate is detern	mined by			
Contingency Spec. Ed. Contin.						T Connect	20-10-142, MCA.	illiou by			
	<u> </u>										
Agreement between	n parent (parer	nt name)			, and	school district (distr	rict name)		,		
(county name) The parties agree as follow	vs:			County, hereina	after referred	to as the District(s).					
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid o	only when transporta	ation for the distar	ce reported on the contract					
transported for the	past semester.	•	•		•	cation by the teacher or pro- the information accompany	rincipal of the school of the nur	mper of days the stu	aent(s) was		
4. This contract shall Elementary School	terminate at the en	d of the school y	redule establish year or when the ard of Truste	student(s) is no long	ger enrolled in sc	nool, whichever occurs firs	t.	Date			
Choteau Elem		,									
High School District		Chair, Boa	ard of Truste	es				Date			
			I attes	t that the above	e information	is true and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 MT 59620				School Year 2004- 2005 te to School Clerk June	ſ	
Elementary District Respo	onsible for Re	imbursing the	Contract		County		Legal Entity
Choteau Elem					Teton		0883
High School or K-12 Distr	ict Responsib	le for Reimbur	sing the Cont	ract	County		Legal Entity
Choteau H S					Teton		0884
Is this contract shared ☐ yes ☐ no	between ele	ementary and	d high school	ol?			
Are you applying for is (If yes, please attach e	explanation)		□ No		Student Name	School	Grade
rates for special circumsta increased rates, individual trustees of the district, the	ances of isola I circumstanc county trans	tion of resident es must be revenues to must be revenued to the community of the community	ce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7.1 Check here only if increas District Trustees and the	sed payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
	•	no no			THIS CONTRACT IS	S FOR:	
Parent or Guardian Na	me: (Please	e Print)	•		Grades 1-12 ☐ 1st Semester On	y 2nd Semester Only	v □ Both Semesters
Joe Dellwo						•	y Bour comedicion
Physical Address (stre	et address	only):			Pre-kindergarten/Kir 1st Semester On	y 🗆 2nd Semester Only	y Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 13 nearest bu HS 13 -way only	s stop, if any	(one way)	s contract. 9-12 Total	Kindergarten child by this contract: To or from Bus Stop To or from School Kindergarten child To or from Bus Stop To or from School Deadlines: PARENTS: Due to CLERKS: Send originals. COUNTY SUPERIN copy for your files. (For	times per day,times per day,times per day,times per day,times per day,times per day,School Clerk June 1.	days per week ol-age students:
insured driver will tran 2. In March and June, the transported for the pas 3. The payment shall be	poort or provide to sport the studer e District shall p at semester. computed on th	ransportation for tts. Mileage cont ay the parent the basis of the scl	the student(s) to tracts are valid of sum officially a hedule establish	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1	ter referred to as the District or bus stop on the days when schoo on for the distance reported on the cation upon certification by the teacher are enrolled in school, whichever occurrences and school, whichever occurrences.	et(s). It is in session. The parent or guard ontract actually occurs. or principal of the school of the numer panying this contract.	
Elementary School Dis Choteau Elem			rd of Truste				Date
High School District Choteau H S		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	information is true and corre	ect.	
Signature - Parent or Gu	ıardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 a, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the C	ontract			County	,	Legal Entity
Choteau Elem						Teton		0883
High School or K-12 Dis	strict Responsib	le for Reimburs	ing the Cont	ract		County		Legal Entity
Choteau H S						Teton		0884
Is this contract share □ yes □ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attach			□ No		Stud	dent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7)	20-10-142, MCA stances of isola ual circumstanc he county trans	A, provides for in ition of residence ses must be revieus portation comm	e. In order to ewed and ap ittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes □	Initia no no no	als		Stud	dent Name	School	Grade
County Approval	•	no				S CONTRACT IS FO	DR:	
Parent or Guardian I	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y
Marilee Stott						-kindergarten/Kinder		
Physical Address (st	reet address	only):			□ 1	st Semester Only	□ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 15.2 to nearest bu HS 3.5 ne-way only	is stop, if any ((one way)	s contract. 9-12 Total	Kin by t To c Kin To c Kin To c PAF CLE files	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original i. UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day, tool Clerk June 1.	days per week da
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall to the contract shall the c	s: nsport or provide t ansport the studer the District shall past semester. be computed on th erminate at the en	ransportation for thats. Mileage contrally the parent the same basis of the sche	ne student(s) to cots are valid of cum officially a coule establish ar or when the d of Truste	County, hereinaff o and from the school only when transportatic pproved in the applica led in Section 20-10-1- student(s) is no longe	ter referred or bus stop or on for the dista tition upon cert 42, MCA, and	ince reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nui	ian assures that a licensed and mber of days the student(s) was Date Date
Choteau H S		<u> </u>	Lattes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian		. 41100				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity		
Bynum Elem						Teton		0889		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?						
Are you applying for			□ No		Stud	ent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1					
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	ent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stud	ent Name	School		Grade	
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the						
Elem District Approval		no	tials		Stud	ent Name	School		Grade	
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)				les 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters	
Casey & Dana F	Russell				Pre-	kindergarten/Kinderg	narten			
Physical Address (s	treet address	only):					2nd Semester Onl	y Both Se	mesters	
						DERGARTEN/PREM				
Distance from home Elementary 4.3	e to nearest sc HS 0	hool (one wa	ay)		by ti	nis contract:	es <u>with</u> other school-a times per day, _ times per day, _	_		
Distance from home Elementary 0	e to nearest bu	ıs stop, if an	y (one way)		Kind	lergarten child ride	times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:	
□ Contract is for o	ne-way only				Тоо	r from School	times per day, _	days	s per week	
Students in Each Grade Le	evel - Only include	the students to b	be covered by the	s contract.		dlines:				
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a cop	y for your	
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, reta					
Spec. Ed. Trans						for your files.	DENTO: Cond ongc		10, 10.0	
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement betweer	n parent (parer	nt name)			, and	school district (distr	rict name)		,	
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).				
 The parent shall tra 	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lic	censed and	
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the appli	cation upon certif	ication by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was	
This contract shall	terminate at the en	d of the school y	ear or when the	student(s) is no long	0-142, MCA, and t ger enrolled in sc	he information accompany nool, whichever occurs firs	ring this contract. t.			
Elementary School Bynum Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	e information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Bynum Elem						Teton		0889		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?						
Are you applying for			□ No		Stud	lent Name	School		Grade	
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for			1					
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stuc	lent Name	School		Grade	
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the						
Elem District Approval		no	tials		Stud	lent Name	School		Grade	
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Sei	mesters	
Joe L. Dellwo					Pre-	kindergarten/Kinder	parten			
Physical Address (s	treet address	only):					2nd Semester Only	y 🗆 Both Sei	mesters	
						DERGARTEN/PRE				
Distance from home Elementary 13	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day.	_		
Distance from home Elementary 0	to nearest bu	is stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:	
□ Contract is for o	ne-way only				To o	r from School	times per day, _	days	per week	
Students in Each Grade Le	• •	the students to t	ne covered by thi	s contract.	Dea	adlines:				
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.			
Do mulan Trans	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your	
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	10, retain a	
Room & Board						RE	IMBURSEMENT RA	ATF		
Correspondence							rict, county and OPI			
Reg. Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by		
Spec. Ed. Contin.							20-10-142, WCA.			
Agreement between	n parent (parer	nt name)			, and	I school district (distr	rict name)		, , , , , , , , , , , , , , , , , , ,	
(county name)			(County, hereina	after referred	to as the District(s).				
The parties agree as follow 1. The parent shall tra	ansport or provide t						session. The parent or guard	lian assures that a lic	ensed and	
In March and June,	, the District shall p					nce reported on the contraction fication by the teacher or p	ct actually occurs. rincipal of the school of the nu	mber of days the stud	dent(s) was	
transported for the 3. The payment shall 4 This contract shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10	1-142, MCA, and the	the information accompany hool, whichever occurs firs	ing this contract.			
Elementary School			ard of Truste		go. omonou m so	Willower occurs ins		Date		
Bynum Elem High School District		Chair, Boa	ard of Truste	es				Date		
			- علام ا	t that the share	information	in true and acres t				
Signature - Parent or	Guardian		ı attes	t triat trie above	: mormation	is true and correct.	Date			
										

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

_				
Co	nt	ro	^ +	-

PO Bo	ox 202501 a, MT 59620			_	School Year 2004- 2005 te to School Clerk June		
Elementary District Res			Contract		County		Legal Entity
High School or K-12 Dis	strict Responsil	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Dutton K-12 Sch	ools				Teton		0893
Is this contract share □ yes □ no	d between el	ementary an	nd high school	ol?			
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the	stances of isola ual circumstand	ation of resider ces must be re	nce. In order to	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre	.116 ARM prov	vides guideline	s for such.)		Student Name	School	Grade
District Trustees and the		sportation Com		provou by the			
Elem District Approval HS District Approval	•	□ no			Student Name	School	Grade
County Approval Parent or Guardian N		no			THIS CONTRACT Grades 1-12	IS FOR:	
	varrie. (i icas	e i iiit)			☐ 1st Semester O	nly 2nd Semester Onl	y Both Semesters
Charles Logan Physical Address (str	reet address	only):			Pre-kindergarten/k □ 1st Semester O	indergarten nly □ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 6 e-way only	us stop, if any	y (one way)	s contract. 9-12 Total	Kindergarten chil by this contract: To or from Bus Sto To or from School Kindergarten chil To or from Bus Sto To or from School Deadlines: PARENTS: Due to CLERKS: Send of files. COUNTY SUPERI copy for your files. (Fo	times per day, times per day, times per day, drides without other school times per day, times per day, times per day, School Clerk June 1.	days per week pol-age students:
insured driver will tra In March and June, transported for the p The payment shall be This contract shall te	s: Insport or provide ansport the stude the District shall parts as the service computed on the priminate at the errimate at	transportation for nts. Mileage con any the parent the ne basis of the so nd of the school y	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	on for the distance reported on the	ict(s). pool is in session. The parent or guard contract actually occurs. there or principal of the school of the number of parents of the school of the s	mber of days the student(s) was
Elementary School D	กอแเป	,	ard of Truste				Date
High School District Dutton K-12 Schools		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above i	information is true and co	rect.	
Signature - Parent or 0	Guardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620-		So Due					
Elementary District Responsible for Rei	mbursing the Conti	ract	County		Legal Entity		
High School or K-12 District Responsible	e for Reimbursing	the Contract	County		Legal Entity		
Dutton K-12 Schools			Teton		0893		
Is this contract shared between ele □ yes □ no	mentary and hig	h school?					
Are you applying for isolation statu (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA.		No	Student Name	School	Grade		
rates for special circumstances of isolat increased rates, individual circumstance trustees of the district, the county transp. Public Instruction. (10.7.116 ARM providual circumstance)	ion of residence. In es must be reviewe portation committee	n order to receive d and approved by the e, and the Office of	Student Name	School	Grade		
Check here only if increased payment d District Trustees and the County Transp	ue to isolation has portation Committee	been approved by the	Student Name	School	Grade		
HS District Approval ☐ yes ☐	nono		Student Name	School	Grade		
County Approval	Print)		THIS CONTRACT IS FO Grades 1-12				
John Blanchet	,		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters		
Physical Address (street address of	only):		Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest schelementary 0 HS 8 Distance from home to nearest bus Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include to the students in Each Grade Le	s stop, if any (one ne students to be cove		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files. RE (For dist	times per day, times	days per week days per week days per week 7 1, retain a copy for your I to OPI by July 10, retain a TE use only)		
Agreement between parent (paren (county name) The parties agree as follows: 1. The parent shall transport or provide transport driver will transport the student insured driver will transport the student in March and June, the District shall patransported for the past semester. 3. The payment shall be computed on the 4. This contract shall terminate at the end	ansportation for the st s. Mileage contracts by the parent the sum be basis of the schedule	udent(s) to and from the school or are valid only when transportation officially approved in the application e established in Section 20-10-14	of for the distance reported on the contra on upon certification by the teacher or p 2, MCA, and the information accompan	session. The parent or guardict actually occurs. rincipal of the school of the nun			
Elementary School District	Chair, Board of				Date		
High School District Dutton K-12 Schools	Chair, Board of	Trustees			Date		
		I attest that the above in	formation is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	l	Legal Entity
High School or K-12 D	listrict Dosponsil	ale for Peimbu	reing the Con	tract	County		Legal Entity
Dutton K-12 Scl	•	ole for Kellfiba	ising the Con	liaci	Teton		0893
Is this contract shar		ementary an	d high scho	ol?	Teteri		0000
□ yes□ noAre you applying for	r isolation stat	us? □ Yes	□ No				
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement					Student Name	School	Grade
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	oproved by the	Student Name	School	Grade
Elem District Approval		□ no	tials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	•	e Print)			☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Marilyn K. Hage Physical Address (s		only):			Pre-kindergarten/Kinder □ 1st Semester Only		ly □ Both Semesters
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 37			KINDERGARTEN/PRE		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 12	`			Kindergarten child ride by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other scho	days per week days per week days per week ool-age students: days per week
□ Contract is for o	ne-way only				To or from School	times per day, __	days per week
Students in Each Grade L	evel - Only include	the students to b	be covered by the	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans						IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RE	EIMBURSEMENT Ractict, county and OPI	
Correspondence					(, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9,	and, county and or .	200 0,
Reg. Contingency					Reimb	ursement rate is deterr	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			, and school district (dist	rict name)	,
(county name) The parties agree as follow	ws:		· · · · · · · · · · · · · · · · · · ·	County, hereina	fter referred to as the District(s)		
insured driver will t	transport the stude	nts. Mileage con	tracts are valid	only when transportat	I or bus stop on the days when school is ir ion for the distance reported on the contra ation upon certification by the teacher or p	ct actually occurs.	
transported for the	past semester.		•		142, MCA, and the information accompan	·	imber of days the student(s) was
	terminate at the er	nd of the school y		student(s) is no long	er enrolled in school, whichever occurs fire		Date
High School District Dutton K-12 School		Chair, Boa	ard of Truste	ees			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Dutton K-12 Sc	hools				Teton		0893
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?			
Are you applying fo (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if inconstruct Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Michael Hall Physical Address (s	street address	only):			Pre-kindergarten/Kinder		y □ Both Semesters
					KINDERGARTEN/PRE		,
Distance from home Elementary 0 Distance from home Elementary 0	HS 10 e to nearest bu HS 0	·	•		by this contract: To or from Bus Stop To or from School Kindergarten child rid	times per day,times per day,times per day, _es without other scho	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for o		the students to b	ne covered by th	is contract	Deadlines:		
Olddonio in Edon Olddo E	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTE! copy for your files.	NDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					,,,,	EIMBURSEMENT R	ATE .
Correspondence						rict, county and OPI	
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20-10-142, WOA.	
Agreement between	n parent (pare	nt name)				,	·
insured driver will 2. In March and June transported for the	ansport or provide transport the stude e, the District shall e past semester.	nts. Mileage cor pay the parent the	r the student(s) to atracts are valid of e sum officially a	o and from the school only when transportation approved in the applica	ter referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or part of the contration accompaned to the contration accompanied to t	n session. The parent or guard ct actually occurs. rincipal of the school of the nu	
4. This contract shall Elementary School	terminate at the e	nd of the school y	redule establish year or when the ard of Truste	student(s) is no longe	er enrolled in school, whichever occurs fire	st.	Date
High School Distric	t	,	ard of Truste				Date
Dutton K-12 School	IS		l attes	t that the above i	nformation is true and correct.		
Signature - Parent or	Guardian		i alles	t that the above i	mormation is true and confect.	Date	
*						1	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

_				
Co	nt	ro	^ +	-

	3ox 202501 na, MT 59620)-2501			School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Cont	ract	County		Legal Entity
Dutton K-12 Scl	hools				Teton		0893
Is this contract shar ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?			
Are you applying for (If yes, please attaction: Section	h explanation)	□ No	mburaamant	Student Name	School	Grade
rates for special circun increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan the county tran	ation of residen ces must be re- sportation com	ice. In order to viewed and appoint the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		☐ no	tials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian		se Print)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Sheila Pilgeram Physical Address (s		only):			Pre-kindergarten/Kind	lergarten □ 2nd Semester Onl	u □ Poth Competers
(3		···· / /·			KINDERGARTEN/PR		y Doin Semesiers
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Learning Each Grade Each Grade Learning Each Grade Each Each Grade Learning Each Grade Each Each Grade Each Each Grade Each Each Each Grade Each Each Each Each Each Each Each Each	HS 5 e to nearest be HS 0 ne-way only	us stop, if any	/ (one way)	9-12 Total	To or from School Kindergarten child r To or from Bus Stop To or from School Deadlines: PARENTS: Due to S CLERKS: Send origi files. COUNTY SUPERINT copy for your files.	times per day, _ ides without other schotimes per day,times per day, _ chool Clerk June 1. nal to County Supt by July ENDENTS: Send origina	days per week days per week y 1, retain a copy for your If to OPI by July 10, retain a
Correspondence					(For d	istrict, county and OPI	use only)
Reg. Contingency Spec. Ed. Contin.					Reir	nbursement rate is detern 20-10-142, MCA.	nined by
insured driver will t 2. In March and June transported for the 3. The payment shall	ws: ansport or provide ransport the stude , the District shall past semester. be computed on t	transportation for nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a	o and from the school only when transportati pproved in the applicated in Section 20-10-	, and school district (differ referred to as the District() or bus stop on the days when school ion for the distance reported on the contation upon certification by the teacher of the contact of t	s). s in session. The parent or guard tract actually occurs. or principal of the school of the nur	
Elementary School			ard of Truste		o. o. noned in control, willottever cocurs		Date
High School District Dutton K-12 School		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct	et.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	6 202501 , MT 59620			S Du					
Elementary District Resp	onsible for Re	eimbursing the C	Contract		County		Legal Entity		
High School or K-12 Distr	rict Responsib	ole for Reimburs	ing the Cont	ract	County		Legal Entity		
Dutton K-12 Scho	ools				Teton		0893		
Is this contract shared □ yes □ no	between el	ementary and	high school	ol?					
Are you applying for is (If yes, please attach e ISOLATION: Section 20	explanation)		□ No	nhursement	Student Name	School	Grade		
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola al circumstance county trans	ation of residences must be revi eportation comm	e. In order to ewed and ap ittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if increase District Trustees and the		portation Comm	ittee.	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval		Initia □ no □ no	als 		Student Name	School	Grade		
	□ yes	no			THIS CONTRACT IS FO		- D. II. O		
Tasha Johnson	,	,			□ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters		
Physical Address (stre	eet address	only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 12 c nearest but HS 0 -way only	ıs stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files. RI (For dis	times per day,times per day,times per day,tes without other schotimes per day,times per day,	days per week da		
insured driver will tran In March and June, th transported for the pa The payment shall be This contract shall ter	port or provide t isport the studer e District shall st semester. computed on the minate at the en	rransportation for the state of the parent the state basis of the school years.	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportatic opproved in the applicated in Section 20-10-10 student(s) is no longe	, and school district (district referred to as the District(s) or bus stop on the days when school is in for the distance reported on the contration upon certification by the teacher or part 42, MCA, and the information accompand renrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. rincipal of the school of the nui	mber of days the student(s) was		
Elementary School District	SUTCU	Chair, Boar					Date		
High School District Dutton K-12 Schools		Chair, Boar	u oi iruste				Date		
Cimpture Device 2	o.ud:		I attest	that the above i	nformation is true and correct.	Doto			
Signature - Parent or G	uardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	Helena, MT 59620-2501					Due to School Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	•	Legal Entity	
Pendroy Elem						Teton		0898	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share	ad batwaan al	omontory or	d high coho	N2					
	eu between ei	ementary ar	ia riigii scriot	י וכ ?					
Are you applying for	isolation statu	us? □ Yes	□ No		Stude	ent Name	School		Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement						int Name	301001		Grade
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of					Stude	ant Name	School		Grade
					Stude	Student Name School G			
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stude	ent Name	School		Grade
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Olude	int radine	3011001		Grade
		In	itials		Stude	ent Name	School		Grade
Elem District Approval HS District Approval		□ no □ no							Grade
County Approval		□ no				CONTRACT IS FO es 1-12	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)				t Semester Only	□ 2nd Semester On	ly 🗆 Both Se	emesters
Patrick Field					Pre-k	indergarten/Kinder	narten		
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly 🗆 Both Se	emesters
					KIND	ERGARTEN/PREI	(INDERGARTEN:		
Distance from home		l 1 / · · · ·			Kind	ergarten child ride	es with other school-	age students a	Iso covered
Distance from home Elementary 6	to nearest sc HS 0	nooi (one wa	ay)		by th	is contract:	times per day,	day	s ner week
•			,		To or	from School	times per day,	day	s per week
Distance from home Elementary 6	to nearest bu HS 0	is stop, if an	y (one way)		Kind	ergarten child ride	es <u>without</u> other scho times per day,	ool-age studen	ts: s ner week
					To or	from School	times per day,	day	s per week
□ Contract is for o	, ,				Doo	dlines:			
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PARI	ENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K 1-8 9-12 Total Total Total			CLERKS: Send original to County Supt by July 1, retain a copy for your				
	Total	Total	Total	Total	files.	tho. Selid oligilia	to County Supt by Ju	iy i, icialli a co	py ioi youi
Regular Trans					COLL	NTV SLIDEDINTEN	IDENTS: Send origina	al to OPI by July	v 10 retain a
Spec. Ed. Trans						for your files.	IDENTS. Send ongine	ar to Or 1 by July	y 10, letaill a
Room & Board						RF	EIMBURSEMENT R	ATF	
							rict, county and OP		
Correspondence									
Reg.						 Reimb	ursement rate is deter	mined by	
Contingency Spec. Ed. Contin.							20-10-142, MCA.		
5p00. Eu. 00mm.									
Agreement between	parent (parer	nt name)			, and	school district (dist	rict name)		,
(county name)			(County hereina	fter referred t	o as the District(s).			
The parties agree as follow		ransportation for		•		, ,	session. The parent or guar	dian assures that a li	icensed and
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the distant	ce reported on the contra			
transported for the	past semester.		•		·	e information accompany	·	ambor or days the St	idolit(a) was
 This contract shall 	terminate at the en	d of the school	ear or when the	student(s) is no long		e information accompany ool, whichever occurs firs			
Elementary School Pendroy Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	that the above	information i	s true and correct.			
Signature - Parent or	Guardian						Date		